IPDR6702				NORTH CAROLINA		70	AGE: 1	
	09/22/2008		I	PRS CHECKWRITE SUMMARY REPORT		P	AGE. I	
				CHECKWRITE DATE: 09/25/2008				
	1		1	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8326	1869	ATTENDING PROVIDER NUMBER WAS				
	H/DD/SAS			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8961	1502	ATTENDING PROVIDER NPI IS MIS				
		0,001	1302	SING. ATTENDING PROVIDER IS		1 4967	7613	2646
				TYPICAL. PLEASE RESUBMIT WITH				
		0.500	405	DETAIL NOT COVERED BY COMBINAT				
		8599	485	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8800	5	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	DS LME			FUTURE RA'S.				
		21	3	DUPLICATE OF CLAIM-SYSTEM		0 8	310	302
			+	+		1		1
3404910	PATHWAYS	8326	245	ATTENDING PROVIDER NUMBER WAS				
-				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE		1		
		8534	173	SERVICE FACILITY LOCATION IS N		0 818	4744	3926
				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
				ATTENDING PROVIDER, OR THE NPI				
		21	134	DUPLICATE OF CLAIM-SYSTEM				
3404912	MENTAL HEALTH P	8326	446	ATTENDING PROVIDER NUMBER WAS				
	ARTNERS			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	11	DETAIL NOT COVERED BY COMBINAT		0 483	2688	2205
				ION OF RECIPIENT, PROVIDER AND		0 403	2000	2205
				BENEFIT PACKAGE.				
		7005	7	EXCEEDS MAXIMUM UNITS ALLOWED				
		7005	,	PER WEEK(S)				
2404012		0000	1460	NAME OF THE OWNER OWNER OF THE OWNER				
3404913	MECKLENBURG COM ENTAL HEALT	8800	1467	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	ENIAL REALI			FUTURE RA'S.				
		8326	1285	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON		0 3113	6951	3838
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	137	DETAIL NOT COVERED BY COMBINAT				
	-		+	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		+		
								1
3404916	CROSSROADS BEHA	8326	2060	ATTENDING PROVIDER NUMBER WAS				
	VIORAL HEAL		-	NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE		1		1
			+	Charles OK IND AFT SUBPLITE				
		8800	110	FURTHER PROCESSING NECESSARY,		0 2337	4660	2323
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.		1		
		21	56	DUPLICATE OF CLAIM-SYSTEM				1
	-		-			+		-
3404917	CENTERPOINT HUM	21	387	DUPLICATE OF CLAIM-SYSTEM		1		
	AN SERVICES							L
							-	
	-	11	182	CLIENT NOT ELIGIBLE ON SERVICE		0 738	2000	15/4
				DATE		0 738	2282	1544
		8800	130	FURTHER PROCESSING NECESSARY,				
		0000	130	PLEASE CHECK FOR CLAIM ON		1		1
				FUTURE RA'S.				

		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8326	1041	ATTENDING PROVIDER NUMBER WAS				
	TAL HEALTHC			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	218	FURTHER PROCESSING NECESSARY,		1506	3429	1923
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	95	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8326	4267	ATTENDING PROVIDER NUMBER WAS				
	L AREA MH D			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8961	313	ATTENDING PROVIDER NPI IS MIS		4682	7056	2374
				SING. ATTENDING PROVIDER IS				
				TYPICAL. PLEASE RESUBMIT WITH				
		8622	31	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED		1		
				FOR ADDITIONAL SERVICE.				
3404921	ORANGE PERSON C	11	1435	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
		8326	205	ATTENDING PROVIDER NUMBER WAS		1905	3438	1533
				NOT SUBMITTED ON		1		
				THIS CLAIM OR THE NPI SUBMITTE				
						1		
		8599	105	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8800	963	FURTHER PROCESSING NECESSARY,				
	ER			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		191	31	CLIENT ID NUMBER DOES NOT MATC	1	1032	5887	4855
				H PATIENT NAME				
		7005	17	EXCEEDS MAXIMUM UNITS ALLOWED				
				PER WEEK(S)				
3404923	FIVE COUNTY MH	11	1257	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8326	1142	ATTENDING PROVIDER NUMBER WAS	1	2864	6431	3567
		_		NOT SUBMITTED ON		1	ļ	
				THIS CLAIM OR THE NPI SUBMITTE		1		
						1		
		8599	103	DETAIL NOT COVERED BY COMBINAT		1		
				ION OF RECIPIENT, PROVIDER AND		1		
		_		BENEFIT PACKAGE.	4	4		
2404005		0226	503	AMMENIATING DROUTDED MINORS (1) 2	4	4		
3404925	SANDHILLS CENTE	8326	593	ATTENDING PROVIDER NUMBER WAS	1	1	-	
	R FOR MH/DD	1	-	NOT SUBMITTED ON	1	1	-	
		_		THIS CLAIM OR THE NPI SUBMITTE	4	4		
		21	185	DUPLICATE OF CLAIM-SYSTEM	-	1	1	
		41	100	DOFFICATE OF CDAIM-SISTEM		7 1093	3855	2762
	1	-	+		-	+	1	
		1	-		-	1	1	1
	1	8800	114	FURTHER PROCESSING NECESSARY,	-	+	1	
		3000	1	PLEASE CHECK FOR CLAIM ON		+	+	
			1		1		+	
				FUTURE RA'S.			1	
				FUTURE RA'S.				Ť.
3404926	COMMINACIDENT	8326	307					
3404926	SOUTHEASTERN RE	8326	307	ATTENDING PROVIDER NUMBER WAS				
3404926	SOUTHEASTERN RE	8326	307	ATTENDING PROVIDER NUMBER WAS				
3404926		8326	307	ATTENDING PROVIDER NUMBER WAS				
3404926				ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				1201
3404926		8326 8599	307	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE DETAIL NOT COVERED BY COMBINAT		2 470	1794	1324
3404926				ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		2 470	1794	1324
3404926				ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE DETAIL NOT COVERED BY COMBINAT		2 470	1794	1324
3404926		8599	42	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		2 470	1794	1324
3404926				ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE		2 470	1794	1324
3404926		8599	42	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		2 470	1794	1324

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DECONT DECON	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927		8326	70	ATTENDING PROVIDER NUMBER WAS				
3101927	CUMBERLAND CO M HC	0320	7.0	NOT SUBMITTED ON				
	nc			THIS CLAIM OR THE NPI SUBMITTE				-
		11	38	CLIENT NOT ELIGIBLE ON SERVICE	0	134	542	408
				DATE				
		8599	16	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				-
3404930	TOURS OF THE PROPERTY.	8534	147	SERVICE FACILITY LOCATION IS N				
	JOHNSTON COUNTY MNTL HLTHC			OT A VALID IPRS				
	PINTE HEIDE			ATTENDING PROVIDER, OR THE NPI				
		8326	139	ATTENDING PROVIDER NUMBER WAS	1	374	866	492
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		120	38	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
2404021		0226	67	APPRINTING DEGITTED NUMBER WAS				
3404931	WAKE CO HUM SVC	8326	67	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	1	1	 	1
	BILLING OF			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE		 	 	
	+	+		THIS CHAIR OR THE MPI SUBMITTE	 	-	<u> </u>	-
		191	31	CLIENT ID NUMBER DOES NOT MATC	-	181	659	478
		1	1	H PATIENT NAME	3	181	659	4/8
			1			 		
								
		11	27	CLIENT NOT ELIGIBLE ON SERVICE				1
			1	DATE		1		
3404933	SOUTHEASTERN CT	8326	937	ATTENDING PROVIDER NUMBER WAS				
	R FOR MH/DD			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8505	218	CLAIM DENIED DUE TO INSUFFICIE	0	1178	1980	802
				NT BUDGET				
		0526	11	ATTENDING PROVIDER TYPE AND SP				
		8536	11	ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
				VABID FOR SUBMITTED BIBBING FR				
3404934	ONSLOW CARTERET	8326	553	ATTENDING PROVIDER NUMBER WAS				-
	BEHAV HEAL			NOT SUBMITTED ON				-
	BEHAV HEAD			THIS CLAIM OR THE NPI SUBMITTE				-
								†
		8599	29	DETAIL NOT COVERED BY COMBINAT	0	644	1078	434
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8963	17	ATTENDING PROVIDER NPI IS NOT				
				NUMERIC. PLEASE RESUBMIT				
				WITH CORRECT NPI NUMBER.				<u> </u>
24040				AAA VO DAMA MO DEPONDO CO				<u> </u>
3404935	WAYNE CO MENTAL	U	0	*** NO DATA TO REPORT ***				<u> </u>
	HEALTH CTR	1			1	1	 	
						 	 	
	+	0	0		0	0	0	_
			1		0	0	0	0
								
3404937	THE BEACON CENT	8326	155	ATTENDING PROVIDER NUMBER WAS				1
	ER			NOT SUBMITTED ON		1		
				THIS CLAIM OR THE NPI SUBMITTE				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE	1	163	1815	1652
			1	NT BUDGET				
	-		1					
		1	1					
		8599	1	DETAIL NOT COVERED BY COMBINAT				<u> </u>
				ION OF RECIPIENT, PROVIDER AND				1
	-	1		BENEFIT PACKAGE.	1	1	 	1
3404939	<u></u>	8326	1134	ATTENDING PROVIDER NUMBER WAS		1	 	1
~ 102233	EAST CAROLINA B	0320	-137	NOT SUBMITTED ON		 	 	
	EHAVIORAL H			THIS CLAIM OR THE NPI SUBMITTE		 	<u> </u>	-
				CAMAIN ON THE MET SUBMITTE		 	<u> </u>	-
		8988	110	CLAIM DENIED, ATTENDING PROVID	0	1498	4779	3281
		+		ER WAS NOT	0	1438	4//9	3401
				ENDORSED/LICENSED/CERTIFIED				
		1	1	+				
		8599	72	DETAIL NOT COVERED BY COMBINAT				
		8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		8599	72					
		8599	72	ION OF RECIPIENT, PROVIDER AND				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
						-		
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0			0 0	0	0
3404943	ALBEMARLE MENTA	11	47	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
	D READIN CE							
		8599	45	DETAIL NOT COVERED BY COMBINAT		2 231	2951	2720
				ION OF RECIPIENT, PROVIDER AND		2 231	2951	2/20
				BENEFIT PACKAGE.				
				David I I I I I I I I I I I I I I I I I I I				
		143	27	CLIENT ID NUMBER NOT ON STATE				
		113		ELIGIBILITY FILE				
	_			EDIGIBIDITI FIDE				
3404944		8326	1707	ATTENDING PROVIDER NUMBER WAS				
3404944	EASTPOINTE HUMA	0320	1707	NOT SUBMITTED ON				
	N SERVICES							
				THIS CLAIM OR THE NPI SUBMITTE				
		8988	32	CLAIM DENIED, ATTENDING PROVID		0 1761	3460	1699
				ER WAS NOT				
				ENDORSED/LICENSED/CERTIFIED				
		79	13	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0			0 0	C	0
3404949	PIEDMONT BEHAVI	8326	1404	ATTENDING PROVIDER NUMBER WAS				
	ORAL HEALTH			NOT SUBMITTED ON				1
				THIS CLAIM OR THE NPI SUBMITTE				
		11	314	CLIENT NOT ELIGIBLE ON SERVICE		0 1921	2601	680
				DATE				
								1
		8537	44	PROCEDURE IS NOT PAYABLE FOR Y				1
				OUR PROVIDER TYPE AND				1
	1	1		SPECIALTY IN ACCORDANCE TO MEN		-1		